

**APPLICATION INFORMATION**

Application number:: [CBB1]  
Filing Date:: 08/15/01  
Application Type:: Regular,  
Suggested Classification:: [CBB2]  
Suggested Group Art Unit::  
CD-ROM or CD-R?: None  
Number of CR disks::  
Number of copies of CDs::  
Sequence submission?: Paper  
Computer Readable Form (CRF)?:: No  
Number of copies of CRF::  
Title:: INTEGRAL WATERPROOFING MEMBRANE

Attorney Docket Number:: 15309-1US CC/MG  
Request for Early Publication?: No  
Request for Non-Publication?: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 2  
Small Entity?: Yes  
Latin name:: [CBB3]  
Variety denomination name::  
Petition included?: No  
Petition Type::  
Secrecy Order in Parent Appl.?: No

**INVENTOR INFORMATION**

Inventor Authority Type:: Inventor[CBB4]  
Primary Citizenship Country:: Canada[CBB5]  
Status:: Full capacity[CBB6]  
Given name:: Denis  
Middle name::  
Family name:: Faucher  
Name Suffix::  
City of Residence:: Château-Richer, QUE[CBB7]  
State or Province of Residence:: Quebec  
Country of Residence:: Canada  
Street:: 3, chemin St-Achille  
  
City:: Château-Richer  
State or Province:: Quebec[CBB8]

Country:: Canada[CBB9]  
Postal or Zip Code:: GOA 1N0

Inventor Authority Type:: [CBB10]  
Primary Citizenship Country:: [CBB11]  
Status:: [CBB12]  
Given name::  
Middle name::  
Family name::  
Name Suffix::  
City of Residence:: [CBB13]  
State or Province of Residence::  
Country of Residence::  
Street::

City::  
State or Province:: [CBB14]  
Country:: [CBB15]  
Postal or Zip Code::

Inventor Authority Type:: [CBB16]  
Primary Citizenship Country:: [CBB17]  
Status:: [CBB18]  
Given name::  
Middle name::  
Family name::  
Name Suffix::  
City of Residence:: [CBB19]  
State or Province of Residence::  
Country of Residence::  
Street::

City::  
State or Province:: [CBB20]  
Country:: [CBB21]  
Postal or Zip Code::

Inventor Authority Type:: [CBB22]  
Primary Citizenship Country:: [CBB23]  
Status:: [CBB24]  
Given name::  
Middle name::  
Family name::

Name Suffix::  
City of Residence:: [CBB25]  
State or Province of Residence::  
Country of Residence::  
Street::

City::  
State or Province:: [CBB26]  
Country:: [CBB27]  
Postal or Zip Code::

Inventor Authority Type:: [CBB28]  
Primary Citizenship Country:: [CBB29]  
Status:: [CBB30]

Given name::  
Middle name::  
Family name::  
Name Suffix::  
City of Residence:: [CBB31]  
State or Province of Residence::  
Country of Residence::  
Street::

City::  
State or Province:: [CBB32]  
Country:: [CBB33]  
Postal or Zip Code::

Inventor Authority Type:: [CBB34]  
Primary Citizenship Country:: [CBB35]  
Status:: [CBB36]

Given name::  
Middle name::  
Family name::  
Name Suffix::  
City of Residence:: [CBB37]  
State or Province of Residence::  
Country of Residence::  
Street::

City::  
State or Province:: [CBB38]  
Country:: [CBB39]

**Postal or Zip Code::****Inventor Authority Type::** [CBB40]**Primary Citizenship Country::** [CBB41]**Status::** [CBB42]**Given name::****Middle name::****Family name::****Name Suffix::****City of Residence::** [CBB43]**State or Province of Residence::****Country of Residence::****Street::****City::****State or Province::** [CBB44]**Country::** [CBB45]**Postal or Zip Code::****Inventor Authority Type::** [CBB46]**Primary Citizenship Country::** [CBB47]**Status::** [CBB48]**Given name::****Middle name::****Family name::****Name Suffix::****City of Residence::** [CBB49]**State or Province of Residence::****Country of Residence::****Street::****City::****State or Province::** [CBB50]**Country::** [CBB51]**Postal or Zip Code::****CORRESPONDENCE INFORMATION****Correspondence Customer Number::** 020988**Phone number::** (514) 845-7126**Fax::** (514) 288-8389**E-Mail Address::** swapat@swabey.com

**REPRESENTATIVE INFORMATION**

Representative Customer Number:: 020988

**DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
[CBB52]	[CBB53]	[CBB54]	MM/DD/YY
[CBB55]	[CBB56]	[CBB57]	MM/DD/YY
[CBB58]	[CBB59]	[CBB60]	MM/DD/YY
[CBB61]	[CBB62]	[CBB63]	MM/DD/YY

**FOREIGN PRIORITY INFORMATION**

Country::	Application Number::	Filing Date::
		MM/DD/YY

**ASSIGNEE INFORMATION**

Assignee name::	Denis Faucher Conseils inc.
Street::	3, chemin St-Achilée
City::	Château-Richer
State or Province::	Quebec
Country::	Canada
Postal or Zip Code::	G0A 1N0